Virginia Health-System
Pharmacy News

May/June 2008

In Remembrance of Jennifer E. Stallings

On March 14, 2008, VSHP members where devastated to hear that Jennifer Elaine Stallings, Treasurer of VSHP, died suddenly due to a suspected Bilateral Pulmonary Embolism at 36 years old. Over the past 10 years Jennifer had been actively involved in VSHP beginning with Student Chapter President, and continuing through her last days as Treasurer. Jennifer also served as the Tidewater Region President, Membership Chair, and a champion for pharmacy students throughout Virginia during her tenure in VSHP. She visited many pharmacy schools in Virginia to speak with students about VSHP, encouraging them to become involved. About one year ago, she drove from Tidewater to Winchester to speak to pharmacy students about VSHP. This clearly showed her dedication to the organization. In 2002, Jennifer was nominated, and won the Clinical Pharmacist of the Year award for the entire state of Virginia.

Jennifer was born at the Medical College of Virginia Hospital in Richmond, Virginia. In 1971 she moved to Chesapeake with her parents. There, she attended Chesapeake Public Schools where she was an honor student. She was also on the high school flag squad. After graduating from high school, Jennifer attended William & Mary where she received her undergraduate degree in 1993. During high school and college, Jennifer worked part-time as a pharmacy technician. After graduation, Jennifer decided to go to Pharmacy School and pursue her dream to become a pharmacist. In 1997, Jennifer graduated with her Doctor of Pharmacy from VCU/MCV College of Pharmacy. After graduation from Pharmacy School, she decided to work for Sentara Health Systems. Jennifer was certified in Warfarin dosing and she taught classes at Old Dominion University for Nurse Practitioners.

On a more personal note, Jennifer was described as being a very positive person, with an easy-going spirit. She loved to travel and

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Springtime in Williamsburg

The 2008 Spring Seminar of the Virginia Society of Health-System Pharmacists was held March 27-29, at the Marriott Hotel in beautiful Williamsburg, Virginia. The weather was perfect, the spring flowers were just beginning to bloom, the atmosphere was festive, and the camaraderie was exceptional. With over 160 registrants and almost 50 exhibitors the meeting was a guaranteed success. All of the programs were extremely well received, very educational and enlightening with 14.0 contact hours of continuing education available. The highlight of the meeting was when one of our very own members, a prostate cancer survivor, described his ordeal, the lack of support groups, and his ensuing post treatment years.

VSHP's Political Action Committee [PAC], was very active throughout the meeting. The PAC is VSHP's political arm, using its influence to fight for legislation friendly to Health-System Pharmacy and against legislation that impacts us negatively. This group needs your support in the form of both time and contributions. If you would like to donate either time or money to the PAC, contact **Kelly Gill (800) 613-VSHP** or **Gayle Slifka (804) 556-5561.** During the final exhibit program, the PAC held its Silent Auction. Items sold were donated by members and ranged from beautifully framed photographs to old time knick-knacks. When the bidding wars were over, almost $500 had been raised which will be used to support our PAC activities.

As for the meeting itself, beginning at noon on Thursday, March 27, VSHP's Board of Directors gathered to conduct the Society's business. This is an open meeting and all VSHP members are invited to attend, although they are not allowed to vote. Several members took advantage of this offer. Please read the sidebar for the details of this meeting. After the Board Meeting, a Cocktail Reception was held from 4:30-5:00pm. That was followed by the Opening Night Banquet sponsored by sanofi-aventis. Gregg Morrow, PharmD, kicked off the event by presenting an interesting discussion entitled *Thromboembolism.* Subsequent to the dinner, current ASHP President (and VSHP member), Janet Silvester, received the R. David Anderson Leadership award recognizing her contributions and sustained commitment to the practice of pharmacy in Virginia. Several special guests participated in the ceremony including ASHP President-elect, Kevin Colgan.

The continuing education portion of the meeting started Friday morning and was geared heavily towards anticoagulation. *"An Overview of Anticoagulation: Warfarin Therapy Management"* was presented by Neal Huang, PharmD, Kaiser Permanente and was followed by Quocbao Pharm, PharmD, Kaiser Permanente outlining an *"Overview of Anticoagulation: Heparin/LMWH Therapy Management"*. The final coagulation oriented lecture was *HIT Me with Your Best Shot: Direct Thrombin Inhibitors"* given by Jason Hoffman, PharmD, Carilion Roanoke Memorial Hospital. To carry the conference into lunch, Debra Devereaux, MBA, Senior

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From The President

Michelle McCarthy

Last November, I attended a "Time Management" lecture at the University of Virginia by Dr. Randy Pausch, a former UVA School of Engineering faculty member. He is a Professor at Carnegie Mellon University, 46 years of age, the father of three young children, and has terminal pancreatic cancer. His prognosis last August was a grim 3-6 months.

The "Time Management" lecture he provided included helpful tips for getting more out of each day by setting goals and avoiding wasting time. His tips for avoiding stress and procrastination were very valuable and provided a great deal of insight and perspective to the 850 students and faculty in attendance. The presentation is available on the web (http://video.google.com/videoplay?docid=-5784740380335567758). Although I would recommend that you watch this presentation, I will share the tips that I found most helpful.

Time Management Tips

■ Develop a to-do list and put it in priority order
■ Break down your to-do list into small easy-to-tackle steps
■Accomplish the ugliest task on your to-do list first
■ After accomplishing important tasks that are due soon, work on the important tasks that are due later
■ Make time for important things by not doing things that are unimportant
■ Touch each e-mail or piece of paper just once
■ Keep your inbox to a manageable level (< 20 messages)
■ Don't use your e-mail inbox as a to-do list
■ Save your e-mails in organized folders
■ Avoid procrastination by setting "early deadlines"
■ Stand up during phone calls to keep them shorter
■ Make phone calls just before lunch, the end of the day, or other "more interesting" activities
■ Make your office comfortable for you and marginally comfortable for others (folding chairs)
■ Use technology if it changes the way that you do things
■ Minimize interruptions (e.g., turn off the e-mail sound alert)
■ Keep meetings to reasonable time frames and ensure that there is an agenda
■ Have meeting minutes with action items and responsible parties
■ Exchange time for money when you can – pay someone to clean your house, mow your lawn, etc.

In addition to sharing his wisdom regarding time management, Randy Pausch has been featured on Oprah, interviewed by Diane Sawyer, and has a book titled "The Last Lecture". Having the opportunity to live the rest of your life knowing that you're dying is not extremely common but, perhaps, it is something that we should all think about on occasion.

Recently, the pharmacy profession in the Commonwealth of Virginia has received news of several sudden and tragic deaths. These losses should remind us of the importance of our daily actions and where we place our priorities. Additionally, there are members of our Society and profession who have been diagnosed with serious diseases and are in need of daily prayers and encouragement.

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VIRGINIA HEALTH-SYSTEM PHARMACY NEWS

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Calendar

June 20-21: VSHP Annual Board Retreat, *Seven Measure of Success*
Oct 16-17: VSHP 2008 Fall Seminar and Annual Awards Banquet, Wintergreen Resort, www. vshp.org
Oct 16-17: 2008 Jennifer E. Stallings College Bowl, Wintergreen Resort, www.vshp.org
Oct 15-18: Academy of Managed Care Pharmacists, 2008 Educational Conference, Kansas City, MO www.amcp.org
Oct 19-22: ACCP Annual Meeting, Louisville, KY www.accp.com
Dec 7-11: ASHP Midyear Clinical Meeting, Orlando, FL www.ashp.org
Dec 8: VSHP Midyear Reception, Orlando, FL www.vshp.org
Nov 8-12: American Heart Association Scientific Sessions, New Orleans, www.AmericanHeart.org

PREVENTING MEDICATION ERRORS:
QUALITY CHASM SERIES

Medication use is extremely prevalent in the United States. Including prescription drugs, over-the-counter remedies and dietary supplements, approximately 80% of the American adult population takes at least 1 medication every week, and almost a third of this population is taking 5 medications or more. Mistakes can take place throughout the entire process of receiving drug therapy, and these errors occur more often than most people realize. It is estimated that a patient experiences at least one medication error for each day spent in the hospital. Equally alarming are study estimates that preventable medication errors lead to 380,000 adverse events in hospitals annually and 800,000 adverse events in long term care facilities every year. Not only do medication errors pose harm to patients and compromise care, they also raise overall healthcare costs. The annual cost of treating adverse events due to medication errors is estimated to be $3.5 billion in hospitals alone. *Preventing Medication Errors*, is the report of a study funded by the Center of Medicare and Medicaid Services and conducted by the Institute of Medicine to address the issue of medication errors in several pharmacy practice settings, including hospital, community, long term care facilities and to devise a national agenda to prevent these errors.

Committee Recommendations for Reducing Errors ***Ensuring that Patients are Adequately Informed***

In many cases, patients know little more than the names of the drugs they are taking, having virtually no comprehension of the risks, contraindications, the side effects, or how they should monitor therapy. Better communication between patients and providers is essential in preventing medication errors. Patients should be given opportunities to consult with healthcare professionals at different points throughout the medication use process, such as at hospital discharge and at the pharmacy, to ensure that they are continually educated and updated regarding their therapy. Patients must also take more responsibility in their own care. According to the committee, patients should maintain an updated and comprehensive medication history (including the use of prescription drugs, OTCs, dietary supplements, medication allergies, the reasons for drug uses) and provide this information to every health care provider involved in their care.

There is also a need to improve the quality of available drug information so that patients can obtain accurate information about their medications when healthcare providers are inaccessible. The internet is a vast resource of drug information, but unfortunately, different sources vary tremendously in the quality of their content. Pharmacy information leaflets, the most relied upon source of patient drug information, also lack standardization. Internet and pharmacy drug information are not designed to maximize patient understanding and fail to provide patients with a clear course of action. Steps need to be taken to standardize both types of drug information, and the NLM (National Library of Medicine) should serve as the primary agency for providing consumers accurate drug information through the internet, with links to Medline Plus (an NLM program) for additional information. It is also recommended that the FDA, CMS (Center of Medicare and Medicaid Services), and the NLM collaborate to develop a national 24-hour drug information helpline to assist patients with medication inquiries.

Using Information Technology More Effectively

Treatment standards are constantly evolving, and clinicians should have access to critical drug information for every medication they prescribe, which can be accomplished with the use of point-of-care reference such as Epocrates. Another recommendation is the universal implementation of electronic-Prescribing (E-prescribing) by the year 2010. E-prescribing eliminates errors from illegible handwriting, allows prescribers access to third-party medication history, and checks each prescription for drug allergies, drug interactions, and high doses. Moreover, e-prescriptions are transferred directly from a physician's office to the pharmacy, so medication therapies are not compromised by delays in dropping prescriptions off or losing prescriptions.

However, the benefits of health information technologies (decision-support systems, pharmacy database systems) are often impeded by the absence of standards for representing drug information. With no standardized approach to present safety alerts according to severity or clinical relevance, providers are often flooded with inapplicable "alerts" and "warnings" and ultimately ignore these alerts. The committee not only requested that the AHRQ (Agency of Health Care Research and Quality) categorize alerts to improve their clinical applications, but also urged the organization to develop smarter prompting mechanisms to account for individual patient characteristics and improve designs for user interface.

In the delivery of care, patient-specific information such as medication history is frequently transferred between various sites and providers. This process requires data to be stored in an interoperable format, which allows different computer systems access to the information without compromising the content or its organizational structure. After Hurricane Katrina, pharmacy chains and states with immunization registries were able to retrieve medication histories and immunization records without delay because of interoperable health data formatting, enabling patients to obtain their medications and children to enroll in new schools.

In addition, Healthcare organizations should implement internal monitoring programs to evaluate frequency of medication errors and the progress toward improving safety.

Improvements in Drug Nomenclature, Labeling, Packaging, and Distribution

Several years ago, confusion between the antiepileptic agent Lamictal® (lamotrigine) and the antifungal drug Lamisil® (terbinafine hydrochloride) led to

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Spring Seminar • continued from page 1

Consultant, Pharmacy Benefits, Gorman Health Group educated the audience regarding *"Fraud, Waste, and Abuse in Medicare"*.

The Lunch/Exhibit Program gave meeting participants a chance to relax and recharge themselves for the coming afternoon sessions. As mentioned before almost 50 exhibitors participated in the Exhibit Program. There were two sessions. The first was held on Friday from 12:30 to 2:00pm. The second session, Friday evening from 5:45-7:45pm which included a reception with heavy hors-devours and the PAC Silent Auction. This event was the high-light of the evening.

Friday afternoon programming began with a motivating talk on *"Patient Safety: Strategy for the Future"* presented by Diane Ginsburg, MS, Assistant Dean for Student Affairs, College of Pharmacy, University of Texas. This was followed by Christine Marr, LCMFT, Kaiser Permanente who discussed *"Complementary and Alternative Methods for Stress Management"*. Next was a two-part series on prostate cancer. Mandy Gatesman, PharmD, VCU School of Pharmacy educated the participants with her lecture *"Prostate Cancer Update"*. She was followed by Bruce Large, RPh, Founder and President, US TOO Prostate Cancer Education and Support Group who shared his story in a presentation entitled *"Decisions, Decisions, Decisions: The Story of a Prostate Cancer Survivor"*. He told the inspiring story of how, during his treatment for prostate cancer, there was no one to offer him support or to ask questions regarding the various treatment modalities. He stated that all of the other cancers have large support networks and information is plentiful, however, there was nothing available to him related to prostate cancer. So after his ordeal, he started the US TOO Prostate Cancer Education and Support Group. Functioning mainly in Eastern North Carolina and Southeastern Virginia, members of this group are available for individual or families' support to patients with a new diagnosis of prostate cancer.

On Saturday morning, VSHP offered a dual-track program. During a three hour, three CE credit marathon program, Gayle Scott, PharmD, Assistant Professor EVMS, in her enjoyable, humorous manner presented *"As Seen on TV: Natural Medicines, aka Dietary Supplements"*. Gayle's delivery of this topic was fascinating and the three hours flew by with the audience unaware of the time and left them clamoring for more. The questions were numerous and the participants soaked up the answers. The second track was much more conventional, but just as interesting. The first speaker, Bonnie Rosiak, PharmD, Clinical Consultant, Advanced Pharmacy, captivated the attendees with her memorable presentation *"Mysteries of Memory: Management of Alzheimer's Disease and Related Dementias"*. Using this talk as a springboard, Lynn Limon, PharmD, VCU Medical Center presented *"New Drug Update"*, giving members a short, but succinct, overview of important new medications. The last lecture before lunch was entitled *Reexamining an Old Pathogen with New Challenges: An Update on Clostridium difficile-Associated Disease"* given by Asha Tata, PharmD, University of Maryland Medical Center.

The ASHP Lunch Symposium was held on Saturday. Besides a fabulous lunch, meeting attendees were treated to an additional hour of CE credit with the presentation *"Improving Quality of Antithrombotic Therapy Through the Use of National Performance Measures"*. Following lunch, the meeting closed on a high note with two exceptional and related presentations; *"Antimicrobial Resistance: Emerging Threats, Therapeutic Options and Management Strategies"* by Katie Muzevich, PharmD, VCU Medical Center and *"Antiretrovirals: New Agents, Potential Pitfalls, and Important Resources"* by Rebecca Dillingham, MD, Division of Infectious Disease, University of Virginia Health System. With these presentations completed, attendees headed for home, but loaded with increased knowledge pertinent to their practices. They were also filled with happy memories of good times and good friends.

Start planning now to attend the Fall Seminar, October 16-18, at Wintergreen Resort. The leaves should be beautiful, the weather great, the educational opportunities bountiful, and the friendship extraordinary.

Board Highlights

Board of Directors Meeting
27 March 2008

- **VSHP Board Retreat:** 20-21 June, Richmond, VA
- **Clinical Skills College Bowl** [renamed Jennifer E. Stallings College Bowl]
- To be held at **Fall Seminar** 16-18 October 2008; Wintergreen Resort
- Francine Farnsworth working on case study.
- Tax Deductible Foundation (Jennifer E. Stallings College Bowl Foundation) established and will provide scholarship money.
- Kelly Gill will contact Schools of Pharmacy regarding Bowl two-day event; written portion- 1st day; oral presentation- 2nd day.
- **Salary Survey**-VSHP elected not to conduct a salary survey due to legal ramifications
- **Spring Seminar:** 160 registrants and 48 exhibitors
- **VSHP Newsletter** going electronic: some will get via e-mail: some via snail mail.

VSHP Member News

ASHP announced the 2008-2008 Appointments. Congratulations to all of many Virginian's appointed.

House of Delegates
Janet Silvester: Chair

Commission on Credentialing
Michelle McCarthy
Janet Silvester, Board Liaison

Commission on Goals
Karen Drenkard

Council on Pharmacy Practice
Lori Golterman
Deborah Saine

Council on Public Policy
Mark Chamberlain
Lisa Deal, New Practitioner

Federal Pharmacy Consultants
CAPT David E. Price
Michael A. Valentino

Membership Development
Steve LaHaye
Andrew Wilson
Janet Silvester, Board Liaison

Pharmacy Technicians
Peggy Toms, Chair

Megan Sarashinsky, PharmD., BCPP of CJW Medical Center in Richmond was presented with the Outstanding Preceptor award from VCU School of Pharmacy for 2006-2007. Pictured: Megan Sarashinsky and Beverly Talluto, PharmD (School of Pharmacy).

Congratulations to Michelle McCarthy: On April 30, 2008, Michelle received the Louis P. Jeffrey Award at the Eastern States Residency Conference in Hershey, PA. The award is presented annually for distinguished service to the profession of pharmacy and commitment to residency training. Michelle was enthusiastically nominated for this award by our current residents (thank you, residents).

Shirley Mae Lemon: We are sad to report the death of VSHP member Shirley Mae Lemon, 56, who was born April 13, 1951, in Gloucester County to the late Warner and Ellen Evans of Ware Neck. She departed this life on Dec. 1, 2007, at the Riverside Regional Medical Center. Shirley was employed at Sentara CarePlex Hospital, Hampton, VA.

The family would like to express their sincere gratitude to Dr. Yousef and the staff of the Peninsula Cancer Institute, Newport News, with special thanks to Diane. They would also like to thank the 5th floor staff of the Riverside Regional Medical Center Hematology and Oncology department for the kindness and care that they showed to Shirley and her family during her care and passing. In memory of Shirley, the family requests contributions be made to the American Cancer Society, 11835 Canon Blvd. Suite A 102, Newport News, VA 23606.

In the News . . .

ISMP Recommends Guidelines for Safe Use of Automated Dispensing Cabinets

The Institute for Safe Medication Practices (ISMP) has released new guidelines to encourage the safe use of automated dispensing cabinets (ADCs). Most hospitals and many outpatient facilities use these computerized drug storage devices to store and dispense medications near the point of care, while controlling and tracking drug distribution. ISMP held a national ADC forum in March 2007 that included pharmacists, nurses, vendors, and others, to develop interdisciplinary guidelines that focused on a collaborative approach to safe medication use. The resulting "Guidelines for Safe Use of Automated Dispensing Cabinets" covers 12 processes, such as ensuring ADC system security and establishing criteria for ADC system overrides. These guidelines, available on the ISMP Web site at www.ismp.org/Tools/guidelines/ADC_Guidelines_Final.pdf, are intended to be universally incorporated into practice, in an effort to promote safe ADC use and subsequently to improve patient safety.

Senate Moves Closer to Approving Loan Forgiveness for Pharmacists

3/26/2008

A Senate committee is pushing to include pharmacists in the National Health Services Corps (NHSC) to be eligible to participate in loan forgiveness programs. Although pharmacists are not explicitly named in the legislation to reauthorize the NHSC (S. 901), the committee report of the Senate Health, Education, Labor and Pensions Committee specifically references the committee's intent to include pharmacists. Committee reports describe the purpose and scope of legislation and are often used by courts and the public to determine legislative intent. Therefore, given the report language, pharmacists seeking to participate in a loan forgiveness program under NHSC will, in all likelihood, be able to do so.

ASHP has been actively supporting pharmacist inclusion into the NHSC to add incentives for practitioners to work in small and rural hospitals. The Society is supporting passage of this legislation and a similar bill being considered by the House of Representatives and will continue to encourage Congress to appropriate necessary funds so that pharmacists can take part in this valuable program.

Medicare Decreasing Payments to Hospitals

Starting on October 1, 2008 hospitals will no longer be receiving payments from Medicare for costs related to certain medical errors or conditions acquired during hospitalization. The implementation came about after the Secretary of Health and Human Services was asked to identify conditions that were (1) high cost, high volume, or both, (2) resulting in the assignment of a case to a DRG that has higher payment when present as a secondary diagnosis, and (3) could reasonably have been prevented through the application of evidence-based guidelines. Medicare feels that they should pay less or not at all for so called "low-quality care." The rules adopted thus far will withhold payment for:

- Catheter-associated urinary tract infection
- Vascular catheter-associated infection
- Mediastinal infection after coronary artery bypass graft surgery
- Decubitus ulcer
- Hospital-acquired injury, such as a fracture from a fall
- Objects left in a patient during surgery
- Air embolism
- Blood incompatibility

There are other conditions being considered by the rulemaking committee to take effect in 2009, however, they still need more analysis. With the purpose of this recent regulation being to reduce costs and improve patient care, there will certainly be new emphasis on quality measures in hospitals. Infection control, appropriate medication use, and improved error reporting will likely be the focus of many strategies to better quality care. This will be a major challenge to all healthcare providers; nevertheless, pharmacists are in a unique position to play a major part. The impact in pharmacy will be multifactorial, but there are two areas where we can be the biggest resource. These areas are identifying drug-related problems and making sure evidence-based guidelines are being followed.

Pharmacists are the experts when it comes to medications and our responsibility to identify any possible drug-related problems is going to be more important. By having pharmacists more involved in patient care, more medication errors will be prevented. Drug therapy reviews, checking daily lab values, and preventing or recognizing adverse events are all critical in providing continuous quality care. For example, hospital-acquired injury, such as a fracture from a fall, can be prevented most of the time. Identifying patients with multiple sedating drugs, or other drugs that put them at risk for falling, will help to reduce these types of events.

Pharmacists are also in a position to promote and reinforce adherence to evidence-based guidelines. Clinical guidelines aim to improve the diagnosis and treatment of a particular condition. Clinical pharmacists should work alongside physicians and other providers to be a part of the patients' overall care. It is especially important for pharmacists to be a resource when it comes to treatment guidelines, and making sure they are being applied. This means it will be essential for hospital pharmacists to keep up-to-date with the most current guidelines that are published.

There is no clear cut solution to the problem of high healthcare costs, especially when it comes to determining whether or not something was a "hospital mistake." There are often various causes that play into a specific outcome. This, and the fact that some feel the new rule will cause unnecessary baseline testing or procedures, has brought about some opposition. Although there are concerns, the new rule established by Medicare to reduce costs and improve patient care does signify a large effort towards progress. And hopefully it serves as an impetus to enhancing quality care.

References:
1) Cada, D. Medicare Non-Payment for Selected Medical Errors and Nosocomial Infection. *Hospital Pharmacy*. 2007; 42(12): 1098.
2) Rosenthal, M. Nonpayment for Performance? Medicare's New Reimbursement Rule. *N Engl J Med*. 2007; 357(16): 1573-75.

Addendum April 2008

CMS is now seeking to expand the list of hospital-caused injuries or conditions for which it will not pay at a higher rate. The new items include surgical site infections after certain elective procedures, Legionnaires' disease, extreme blood sugar derangement, iatrogenic pneumothorax, delirium, ventilator-associated pneumonia, deep vein thrombosis/ pulmonary embolism, Staphylococcus aureus septicemia and Clostridium difficile-associated disease.

Another part of the proposed rule would expand the Hospital Quality Measure Reporting initiative that reduces the amount hospitals are paid if they do not voluntarily report standardized quality measures. To qualify for a full update to their fiscal 2009 payment rates, hospitals must report 30 quality measures on their claims for Medicare inpatient services.

CMS now wants hospitals to report on an additional 43 measures for the full inflation update for fiscal year 2010. The agency is suggesting one new Surgical Care Improvement Project measure, three hospital readmission measures, four nursing care measures, five Patient Safety Indicators developed by the Agency for Healthcare Research and Quality (AHRQ), four Inpatient Quality Indicators developed by AHRQ, six venous thromboembolism measures, five stroke measures and 15 cardiac surgery measures.

Additional Addendum (April 2, 2008)

WellPoint, Inc., the nation's largest health benefits company, announced today system-wide process changes for its national provider network to be implemented this year. The changes will include reimbursement modifications and are aimed at eliminating preventable adverse events as defined by the Centers for Medicare and Medicaid Services (CMS) and the National Quality Forum (NQF). They will help protect WellPoint's 35 million members from additional payments resulting from these errors.

"Our primary focus is to help ensure that physicians and hospitals are using appropriate processes, technologies and strategies to address 'never events' and, ultimately, to enhance the quality of care delivered to hospitalized patients," said

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Sam Nussbaum, M.D., executive vice president for clinical health policy and chief medical officer. "We will continue to work collaboratively with physicians and hospitals to analyze why and how these events occur, and to proactively find ways to improve patient safety and clinical care."

WellPoint's first phase of this initiative includes 11 preventable adverse events and will be modified and expanded in the future. The company recently communicated to its network hospitals about its policy intended to ensure that no one will be charged if any of the following three events occur:

- Surgery performed on the wrong body part;
- Surgery performed on the wrong patient; and
- Wrong surgery performed on a patient.

In addition, WellPoint's changes will help ensure that only the appropriate payment is made and no additional charges are incurred if any of these events occur:

- Object left in the body during surgery;
- Air embolism or blockage;
- Blood incompatibility;
- Catheter-associated urinary tract infection;
- Decubitus (pressure) ulcers;
- Vascular catheter-associated infection;
- Mediastinitis (an infection inside the chest) after coronary artery bypass graft (CABG) surgery; and
- Hospital-acquired injuries such as fractures, dislocations, intracranial injuries, crushing injuries and burns.

WellPoint is in the early stages of implementation. This allows the company to work alongside hospitals to address the preventability of these events as soon as possible and continue to monitor the activities related to the list of events from federal, state and private payers, and make adjustments as necessary and appropriate.

— *Jessica Aptaker, Pharm.D. Candidate*
VCU School of Pharmacy

Medication Errors • continued from page 3

dispensing errors, and epileptic patients who erroneously received Lamisil® in place of Lamictal® were at significant risk for seizures. In 2005, mix-ups between Wellbutrin XL and Wellbutrin SR led to numerous prescribing as well as dispensing errors. Dosing differences between Wellbutrin XL (once daily) and Wellbutrin SR (twice daily) lead to prescriptions mistakenly dosing Wellbutrin XL *twice daily*. Patients who receive more Wellbutrin (bupropion) than intended are at increased risk for seizures, a dose-related adverse event of the medication. To add to the confusion, the USP (United States Pharmacopeia) had designated both Wellbutrin XL and Wellbutrin SR as "bupropion hydrochloride; table, extended release," although the two products are neither equivalent nor interchangeable. Unfortunately, look-alike, sound-alike names and multiple formulations with unclear abbreviations are not the only problems. Poorly designed manufacturer labels on the actual containers also increases incidence of errors. When labels are designed inappropriately, pharmacists are more likely to misread drug strengths for drug quantity and vice versa. The FDA should develop guidelines for the pharmaceutical industry to standardize drug nomenclature with regards to the use of abbreviations and acronyms and work more closely with companies to improve labeling and packaging designs.

In the area of packaging, the committee advocates for expanding unit-of-use-packaging, individually wrapped doses which can reduce errors from taking excessive doses. Regarding drug distribution, there is increasing concern that the use of free samples, a common physician practice when initiating therapy, has the potential to increase adverse effects arising from undocumented drug interactions. The committee requested that the AHRQ fund studies to evaluate the impact of free samples on medication safety.

All Stakeholders Involved

Future research for reducing medication errors will need to address the use of OTC, complementary and alternative medicine, as well as develop prevention strategies in several settings: care transitions, ambulatory care settings (home care, self-care, medication uses in school), pediatric care, and psychiatric care. Congress should provide adequate funding to the AHRQ for such purposes, and implementation of the IOM's recommendation will require cooperation from all stakeholders involved, including government agencies, regulatory organizations, health care payers, providers, patients, and the pharmaceutical industry.

For more information or to view the full report, visit The Institutes of Medicine at www.iom.edu.

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— *Jesse Li, Pharm.D., Fellow*
Rutgers Industrial Fellowship Porgram

VSHP highlighted on the ASHP affiliate web site for its use of patient medication lists

ASHP Website : States Promote the Use of Standard Patient Medication Lists
Last year, "List for Life" was introduced in the Tidewater area of Virginia. Five major healthcare systems in this area and members of VSHP collaborated to create a marketing campaign to get the message out to the public that carrying an updated list of the medications that they are taking (on a wallet-sized card) can possibly help save their lives.
www.vshp.org/PatientMed.pdf

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took at least two trips a year on cruises or to places such as Mexico, with friends. Jennifer was a great fan of basketball and close friends and family knew not to call her during a Duke game. She always had a nice car to drive.

Before her unexpected death, Jennifer Stallings introduced a concept to VSHP called the VSHP College Bowl. Now renamed the ***Jennifer E. Stallings College Bowl, a charitable fund of the National Heritage Foundation***, this scholarship fund was developed to offer financial support for travel and registration for the winning team(s) of the VSHP sponsored college bowl to attend the annual ASHP Midyear Clinical Skills Competition. Please visit our website at www.vshp.org for more details on how to make your tax deductible contribution to the fund.

Our first college bowl will be held during the 2008 Fall Seminar in Wintergreen. We are confident that Jennifer will be smiling down on us with pride.

— *Latonya Eggleston, Pharm.D. Candidate*
Hampoton University School of Pharmacy

President's Message • continued from

I encourage each of you to identify your overall goals in life and to make time for the things that have meaning to you and that bring you joy. The opportunities that I have had to serve VSHP have been very rewarding to me and I thank you for your support and encouragement this past year. As I conclude my year as VSHP President, I would like to leave you with one of my favorite quotes from Mother Theresa. "You don't have to do big things in life. What's important is to do the little things with a lot of love."

VSHP 2008 Fall Seminar

October 16-18

Wintergreen Resorts

14.0 Hours of Continuing Education

Updates to MTMS CPT Codes

The new codes were effective beginning January 1, 2008. The new codes, code descriptors, and accompanying text are:

Medication therapy management service(s) (MTMS): describe face-to-face patient assessment and intervention as appropriate, by a pharmacist, upon request. MTMS is provided to optimize the response to medications or to manage treatment-related medication interactions or complications.

MTMS includes the following documented elements: review of the pertinent patient history, medication profile (prescription and nonprescription), and recommendations for improving health outcomes and treatment compliance

99605: Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient

99606: initial 15 minutes, established patient

99607: each additional 15 minutes (List separately in addition to code for primary service)

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